

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-0940.M5

MDR Tracking Number: M5-04-3145-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 10, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Carisoprodol and Hydroco/Apapwere not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 05-23-07 to 07-18-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7th day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

August 16, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-3145-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.:

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Neurosurgery, and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by:

Requestor: correspondence.

Respondent: designated doctor exams.

Treating Doctor: office notes, electrodiagnostic study, operative and radiology reports.

Neurosurgeon: office notes.

Clinical History:

This claimant is an obese woman who suffered a work-related injury on _____. She is status post C4-C5, C5-C6 partial corpectomy and fusion with multiple procedures. She has had CT follow-up of the cervical spine and lumbar spine with myelograms, and continues on carisoprodol and hydrocodone.

Disputed Services:

Prescription medications carisoprodol and hydroco/APAP.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that carisoprodol and hydroco/APAP was not medically necessary in this case.

Rationale:

This claimant had an injury in 1999 and continues with cervical and lumbar pain. She has been on carisoprodol and hydrocodone for an extended period of time. There is no benefit to continue these medications at this time. Other both surgical and medical

remedies should be sought. In review of her CT scan post-surgery, she continues to have foraminal encroachment at the C5-C6 level with uncinata hypertrophy, which either suggests the need for re-operation at that level or, if the fusion is not stable, further treatment at that level of some other kind possibly. The review of her lumbar evaluation demonstrates that she does have far lateral discs, more on the left side at L2-L3 and L3-L4, and this could be explored as to whether there should be surgical remedy.

The carisoprodol, although it is not listed as a dangerous drug, is an addictive drug by its secondary metabolite. There is a dependency on hydrocodone after an extended period of time without sufficient pain relief. Further evaluation and treatment are recommended.